

ALLOWANCE HOT LIST

Appl. No. 09/294659
Examiner-TC _____

Prepared by _____
Date _____

BEST AVAILABLE COPY

JACKET:

☒ YES NO Primary Examiner box complete.
☒ YES NO Issuing Classification complete.

PTO-892/1449:

☒ YES NO Examiner's initials or cross-through lines supplied for each item cited by applicant.
☒ YES NO Date(s) supplied/complete on all PTO-1449/892 sheets. (Month and year required.)

SPEC:

☒ YES ☒ NO Brief Description of Drawings includes description of each figure in drawings.
☒ YES ☒ NO Continuing data is mentioned in 1st paragraph. (Can be an insert.)

CLAIMS:

☒ YES ☒ NO Claims listed on Notice of Allowability match allowed claims and/or index of claims.
☒ YES ☒ NO Claims correctly numbered in index.
(No duplicate or missing claim numbers.)
(No incorrect dependencies.)

CRFE:

YES NO If necessary (biological sequence listing).

NOTICE OF ALLOWABILITY:

☒ YES ☒ NO Either Box No. 3 (drawings accepted) or Box No. 8 (corrected drawing request) has been checked.